| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | tt 1: Identify Yourself | | | |
|----|---|---|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Eric First name | _ | First name |
| | license or passport). | Middle name | _ | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Osretkar Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | , | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6046 | | |

Official Form 101

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | S . | EINs | EINs |
| 5. | Where you live | 1000 O'Malley Drive | If Debtor 2 lives at a different address: |
| | | Suite 201 Parma, OH 44134 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | County County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | otor 1 Eric A Osretkar | | | (| Case number (if known) | |
|-----|--|-----------------|--|--|--|-----------------|
| | | | | | | |
| Par | t 2: Tell the Court About | Your Bankru | ıptcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | ortion of each, see <i>Notice Required by 1</i> op of page 1 and check the appropriate | 1 U.S.C. § 342(b) for Individuals Filing for Babox. | ankruptcy |
| | choosing to file under | ■ Chapte | r 7 | | | |
| | | ☐ Chapte | | | | |
| | | ☐ Chapte | r 12 | | | |
| | | ☐ Chapte | r 13 | | | |
| 8. | How you will pay the fee | abou orde | t how you may pay. | Typically, if you are paying the fee you | with the clerk's office in your local court for urself, you may pay with cash, cashier's check the your attorney may pay with a credit card court for the court of the court for the cou | ck, or money |
| | | | | installments. If you choose this option ments (Official Form 103A). | n, sign and attach the Application for Individu | uals to Pay |
| | | but is appli | s not required to, wa es to your family siz | nive your fee, and may do so only if you te and you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a ir income is less than 150% of the official poinstallments). If you choose this option, you al Form 103B) and file it with your petition. | verty line that |
| 9. | Have you filed for | ■ No. | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | |
| | | | District | When | Case number | |
| | | | District | When | Case number | |
| | | | District | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | | Debtor | | Relationship to you | |
| | | | District | When | Case number, if known | |
| | | | Debtor | | Relationship to you | |
| | | | District | When | Case number, if known | |
| 11. | Do you rent your | □ No. | Go to line 12. | | | |
| | residence? | Yes. | Has your landlord | obtained an eviction judgment against | you and do you want to stay in your residen | ce? |

Official Form 101

No. Go to line 12.

bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

| Debtor 1 Eric A Osretk | kar | Case number (if known) |
|--|-----------------------------|--|
| | | |
| art 3: Report About A | ny Businesses | You Own as a Sole Proprietor |
| Are you a sole propr of any full- or part-tir business? | | Go to Part 4. |
| | ☐ Yes. | Name and location of business |
| A sole proprietorship i | | |
| business you operate an individual, and is n separate legal entity s as a corporation, partnership, or LLC. | ot a | Name of business, if any |
| If you have more than sole proprietorship, us separate sheet and at | se a | Number, Street, City, State & ZIP Code |
| it to this petition. | | Check the appropriate box to describe your business: |
| | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | ☐ None of the above |
| Are you filing under Chapter 11 of the Bankruptcy Code an you a small business debtor? | deadlines id are operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of his, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B). |
| For a definition of sma | ■ No. | I am not filing under Chapter 11. |
| business debtor, see U.S.C. § 101(51D). | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
| | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| art 4: Report if You O | wn or Have Any | / Hazardous Property or Any Property That Needs Immediate Attention |
| 4. Do you own or have | any ■ No. | |
| property that poses alleged to pose a thr | or is | |
| of imminent and | reat | What is the hazard? |
| identifiable hazard to public health or safe | | |
| Or do you own any | у : | If immediate attention is |
| property that needs immediate attention | ? | If immediate attention is needed, why is it needed? |
| For example, do you of perishable goods, or livestock that must be or a building that need urgent repairs? | fed, | Where is the property? |
| | | Number, Street, City, State & Zip Code |
| | | |
| | | |

Debtor 1 Eric A Osretkar

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | tor 1 Eric A Osretkar | | | Case number (if | known) |
|-----|--|------------------------|---|---|--|
| Par | 6: Answer These Questi | ons for Re | porting Purposes | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consulindividual primarily for a personal, | mer debts? Consumer debts are defined family, or household purpose." | in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | Are your debts primarily busine money for a business or investme | ess debts? Business debts are debts that not or through the operation of the busines | you incurred to obtain so or investment. |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. _ | State the type of debts you owe th | nat are not consumer debts or business d | ebts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | |
| | Do you estimate that after any exempt property is excluded and | | are paid that funds will be availabl | u estimate that after any exempt property le to distribute to unsecured creditors? | is excluded and administrative expenses |
| | administrative expenses are paid that funds will | | ■ No | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 1 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 10,001,05,000 | □ 50,001-100,000 □ M |
| | | □ 100-19 □ 200-99 | | 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | _ | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| _ | you | I have exa | mined this petition, and I declare | under penalty of perjury that the informati | on provided is true and correct. |
| | | If I have cl | nosen to file under Chapter 7 Lam | n aware that I may proceed, if eligible, und | der Chapter 7 11 12 or 13 of title 11 |
| | | | | available under each chapter, and I choos | |
| | | | | ay or agree to pay someone who is not an ice required by 11 U.S.C. § 342(b). | attorney to help me fill out this |
| | | I request r | elief in accordance with the chapte | er of title 11, United States Code, specifie | d in this petition. |
| | | bankruptc and 3571. | | cealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 year | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Eric A O | | Signature of Debtor 2 | |
| | | Executed | | Executed on | |
| | | | MM / DD / YYYY | MM / D | D/YYYY |

| Debtor 1 | Eric A Osretkar | Case number (if known) | |
|----------|-----------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ T. Jeffrey Tumlin | Date | December 15, 2016 |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| T. Jeffrey Tumlin | | |
| Printed name | | |
| Amourgis & Associates | | |
| Firm name | | |
| 3200 W. Market Street, Suite 106 | | |
| Akron, OH 44333 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 330-535-6650 | Email address | bk_department@amourgis.com |
| 0076642 | | |
| Bar number & State | | |

| Fill i | n this information to identify you | r case: | | | |
|---------|--|--|--|-------------|--------------------------------|
| Debt | | | | | |
| Debt | First Name | Middle Name | Last Name | | |
| | se if, filing) First Name | Middle Name | Last Name | | |
| Unite | d States Bankruptcy Court for the: | NORTHERN DISTRICT | T OF OHIO | | |
| Case | number | | | | |
| (if kno | wn) | | | | k if this is an nded filing |
| | | | | amor | idod illing |
| ∩ff | cial Form 106Sum | | | | |
| | | and Liabilities a | nd Certain Statistical Information | | 12/15 |
| infor | nation. Fill out all of your schedu original forms, you must fill out a —— | lles first; then complete t | e are filing together, both are equally responsible for the information on this form. If you are filing amend keep the top of this page. | | |
| | | | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official I 1a. Copy line 55, Total real estate, | Form 106A/B) from Schedule A/B | | \$ | 64,200.00 |
| | 1b. Copy line 62, Total personal pr | operty, from Schedule A/B. | | \$ | 14,595.89 |
| | 1c. Copy line 63, Total of all proper | rty on Schedule A/B | | \$ | 78,795.89 |
| Part | 2: Summarize Your Liabilities | | | | |
| | | | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have 0 2a. Copy the total you listed in Colo | | y (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | \$ | 178,781.30 |
| 3. | Schedule E/F: Creditors Who Have 3a. Copy the total claims from Par | e Unsecured Claims (Officia t 1 (priority unsecured clair | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims from Par | t 2 (nonpriority unsecured o | claims) from line 6j of Schedule E/F | \$ | 37,247.78 |
| | | | Your total liabilities | \$ | 216,029.08 |
| Part | 3: Summarize Your Income an | d Expenses | | | |
| 4. | Schedule I: Your Income (Official F Copy your combined monthly incor | | e I | \$ | 1,787.46 |
| 5. | Schedule J: Your Expenses (Official Copy your monthly expenses from | | | \$ | 1,894.00 |
| Part | 4: Answer These Questions for | or Administrative and Stat | tistical Records | | |
| 6. | Are you filing for bankruptcy und | • | | | h a duda a |
| | _ | it on this part of the form. C | Check this box and submit this form to the court with yo | ur otner so | neaules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | | | debts are those "incurred by an individual primarily for 9g for statistical purposes. 28 U.S.C. § 159. | a persona | , family, or |

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

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Official Form 106Sum

Best Case Bankruptcy

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,635.77

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this info | | | | | | | | |
|---|---|-----------------------|------------|--|----------------------------|---|---|---|
| Debtor 1 | Eric A Osretk | | e Name | Last Name | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle | e Name | Last Name | | | | |
| Jnited States B | Sankruptcy Court for t | he: NORTHER | N DIST | RICT OF OHIO | | | | |
| Case number | | | | | | | [| ☐ Check if this is a |
| | | | | | | | | amended filing |
| NG: -: - 1 F | 400 A /D | | | | | | | |
| | orm 106A/B | 4 | | | | | | |
| schedu | le A/B: Pr | operty | | | | | | 12/15 |
| | , | | | Estate You Own or Have an | | | | |
| Do you own or | r have any legal or egu | iitable interest in a | ny resid | ence, building, land, or simila | ar property? | | | |
| | , , , | | | | | | | |
| ☐ No. Go to Pa | | | | | | | | |
| _ | | | | | | | | |
| _ | art 2. | | | | | | | |
| Yes. Where | art 2. | | What | is the property? Chack all that | annly | | | |
| Yes. Where | art 2. | | What | is the property? Check all that a | арріу | Do not deduct | secured clair | ms or exemptions. Put |
| Yes. Where | art 2. | ription | What | is the property? Check all that Single-family home Duplex or multi-unit building | apply | the amount of | any secured | ms or exemptions. Put claims on Schedule D: s Secured by Property |
| Yes. Where | art 2. s is the property? | ription | • | Single-family home | аррІу | the amount of | any secured | |
| Yes. Where | art 2. s is the property? | ription | ■ | Single-family home Duplex or multi-unit building | | the amount of Creditors Who | any secured o Have Claims | claims on Schedule D: s Secured by Property. |
| Yes. Where | art 2. s is the property? | ription 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative | | the amount of | any secured Have Claims of the | claims on Schedule D: |
| Yes. Where .1 5243 W.4 Street address | art 2. a is the property? | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | | the amount of Creditors Who | any secured Have Claims of the | claims on Schedule D: s Secured by Property. |
| Yes. Where .1 5243 W.4 Street address | art 2. e is the property? 19th Street s, if available, or other descri | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | | Current value entire properi \$64, | any secured of Have Claims of the ty? 200.00 nature of you | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest |
| Yes. Where 5243 W.4 Street address | art 2. e is the property? 19th Street s, if available, or other descri | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the properte | е | Current value entire properi \$64, Describe the (such as fee s a life estate), | any secured of Have Claims e of the ty? 200.00 nature of you simple, tenar if known. | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 |
| Yes. Where 5243 W.4 Street address Parma City | art 2. P is the property? 19th Street s, if available, or other described. OH State | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property Debtor 1 only | е | Current value entire properi \$64, Describe the (such as fee s | any secured of Have Claims e of the ty? 200.00 nature of you simple, tenar if known. | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest |
| Yes. Where 1.1 5243 W.4 Street address | art 2. P is the property? 19th Street s, if available, or other described. OH State | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the propert Debtor 1 only Debtor 2 only | е | Current value entire proper \$64, Describe the (such as fee a life estate), Fee Simple | any secured of Have Claims of the ty? 200.00 nature of you simple, tenar if known. | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest ncy by the entireties, of |
| Yes. Where 1.1 5243 W.4 Street address Parma City Cuyahog | art 2. P is the property? 19th Street s, if available, or other described. OH State | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | e t y? Check one | Current value entire proper \$64, Describe the (such as fee a life estate), Fee Simple | any secured of Have Claims e of the ty? 200.00 nature of you simple, tenar if known. e this is comm | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest |
| Yes. Where 5243 W.4 Street address Parma City Cuyahog | art 2. P is the property? 19th Street s, if available, or other described. OH State | 44134-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar | e ty? Check one | Current value entire properior \$64, Describe the (such as fee a life estate), Fee Simple | any secured of Have Claims e of the ty? 200.00 nature of your simple, tenar if known. e this is commutations) | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest ncy by the entireties, of |
| Yes. Where 5243 W.4 Street address Parma City Cuyahog | art 2. P is the property? 19th Street s, if available, or other described. OH State | 44134-0000 | Who Other | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an | e ty? Check one | Current value entire properior \$64, Describe the (such as fee a life estate), Fee Simple | any secured of Have Claims e of the ty? 200.00 nature of your simple, tenar if known. e this is commutations) | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$64,200.0 ur ownership interest ncy by the entireties, of |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| De | btor 1 E | ric A Osretkar | | | Case number (if known) | |
|-------------|-------------------|--|----------------|--|--|--|
| 3. (| Cars, vans, | trucks, tractors, sport | t utility vel | hicles, motorcycles | | |
| | | , , , | , | • | | |
| _ | □ No - | | | | | |
| • | Yes | | | | | |
| | | 2042 | | | Do not deduct secu | red claims or exemptions. Put |
| 3. | | 2013 | | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: | Ford | | Debtor 1 only | | e Claims Secured by Property. |
| | Year: | Fusion nate mileage: | 99000 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | ormation: | 33000 | ☐ At least one of the debtors and another | ontil o property. | portion you own. |
| | | | | | 4 | |
| | | | | ☐ Check if this is community property (see instructions) | \$7,500 | .00 \$7,500.00 |
| | | | | (See Instructions) | | |
| 4 1 | Notororoft | airereft meter hames | ATVs on | d other recreational vehicles, other vehicles | and acceptance | |
| | | | | tercraft, fishing vessels, snowmobiles, motorcy | | |
| _ | _ | | | | | |
| • | No | | | | | |
| | ☐ Yes | | | | | |
| | | | | | | |
| _ | | | | | | |
| | | | | n for all of your entries from Part 2, includin that number here | | \$7,500.00 |
| | | | | | L | |
| Par | t 3: Descri | be Your Personal and Ho | usehold Ite | ems | | |
| Do | you own o | or have any legal or eq | uitable int | terest in any of the following items? | | Current value of the |
| | | | | | | portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| | | goods and furnishings Major appliances, furnitu | | china kitchenware | | |
| | □ No | major appliantoso, rannik | aro, iiriorio, | , orma, more ware | | |
| | Yes. De | scribe | | | | |
| | | | | | | AT 000 00 |
| | | Misc. H | ousehol | d Goods | | \$5,000.00 |
| | | | | | | |
| | Electronics | | | | | .lla atiana, ala atnonia da via a |
| | | including cell phones, c | | eo, stereo, and digital equipment; computers, paredia players, games | rinters, scanners; music co | ollections; electronic devices |
| | No | | | . , | | |
| | ☐ Yes. De | scribe | | | | |
| ρ (| Collectibles | of value | | | | |
| | | | paintings, ¡ | prints, or other artwork; books, pictures, or other | er art objects; stamp, coin, | or baseball card collections; |
| | | other collections, memo | rabilia, col | llectibles | | |
| | No D | | | | | |
| | ☐ Yes. De | scribe | | | | |
| | | for sports and hobbie | | | | |
| | | Sports, photographic, ex musical instruments | kercise, an | d other hobby equipment; bicycles, pool tables | , golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| 1 | ■ No | masicai msiluments | | | | |
| | ■ No □ Yes. De | scribe | | | | |
| | | | | | | |
| 10. | Framples | · Pistols rifles shotauns | s ammunit | tion, and related equipment | | |
| 1 | ■ No | . r istois, illies, silotyulis | , ammuulli | and related equipment | | |
| | ■ No □ Yes. De | scribe | | | | |
| | | | | | | |

| De | btor 1 | Eric A Osretkar | | | Case number (if known | n) |
|-----|----------------------------|---|-----------------------------|---|--|--|
| | □ No | s bles: Everyday clothes, fur Describe | rs, leather coats, o | designer wear, shoes, ac | cessories | |
| | — 163. | Clothi | ing | | | \$500.00 |
| | | | | | | |
| | ■ No | | stume jewelry, en | gagement rings, weddinç | g rings, heirloom jewelry, watches, gems | , gold, silver |
| | Examp ■ No | rm animals eles: Dogs, cats, birds, ho Describe | rses | | | |
| | | | hold items you c | lid not already list inclu | uding any health aids you did not list | |
| | ■ No | iei personai and nouse | noid items you c | nd not an eady nst, more | duing any nealth alus you did not list | |
| | ☐ Yes. | Give specific information | | | | |
| 15 | | he dollar value of all of irt 3. Write that number | , | , , | entries for pages you have attached | \$5,500.00 |
| | | scribe Your Financial Asse | | | | |
| Do | you ow | n or have any legal or e | equitable interes | in any of the following | ? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | oles: Money you have in y | - | | box, and on hand when you file your pet | ition |
| | | | | | Cash | \$20.00 |
| | | | | ccounts; certificates of donts with the same institut | eposit; shares in credit unions, brokerago tion, list each. | e houses, and other similar |
| | Yes | | | Institution nam | e: | |
| | | 17.1. | Checking | PNC Bank | | \$0.00 |
| | | 47.0 | Sovings | PNC | | \$25.00 |
| | | 17.2. | Savings | FNC | | |
| | | mutual funds, or public les: Bond funds, investme | | | market accounts | |
| | | | Institution or issu | er name: | | |
| 19. | Non-pu joint vo ■ No | | interests in inco | rporated and unincorp | orated businesses, including an inter | est in an LLC, partnership, and |
| | _ | Give specific information Na | about them me of entity: | | % of ownership: | |

| De | ebtor 1 Er | ric A Osretkar | Case number (if known) | |
|-----|---------------------------|--|--|---|
| 20. | Negotiable | nt and corporate bonds and other negotiable instruments include personal checks, cashiers' of iable instruments are those you cannot transfer to | checks, promissory notes, and money orders. | |
| | ■ No | | | |
| | ☐ Yes. Give | e specific information about them Issuer name: | | |
| 21. | | t or pension accounts Interests in IRA, ERISA, Keogh, 401(k), 403(b), | thrift savings accounts, or other pension or profit-sharing plan | S |
| | Yes. List | each account separately. Type of account: | Institution name: | |
| | | 401k | John Hancock | \$71.25 |
| | | 401k | Empower Retirement | \$479.64 |
| 22. | | eposits and prepayments | | |
| | | e of all unused deposits you have made so that you Agreements with landlords, prepaid rent, public of Agreements with landlords wi | utilities (electric, gas, water), telecommunications companies, | or others |
| | ☐ Yes | | Institution name or individual: | |
| 23. | Annuities (■ No | A contract for a periodic payment of money to yo | ou, either for life or for a number of years) | |
| | ☐ Yes | Issuer name and description. | | |
| | 26 U.S.C. §§ | an education IRA, in an account in a qualified § 530(b)(1), 529A(b), and 529(b)(1). | d ABLE program, or under a qualified state tuition program | n. |
| | ■ No □ Yes | Institution name and description. Sepa | arately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | _ | uitable or future interests in property (other th | an anything listed in line 1), and rights or powers exercis | able for your benefit |
| | ■ No □ Yes. Give | e specific information about them | | |
| 26. | | ppyrights, trademarks, trade secrets, and other Internet domain names, websites, proceeds from | | |
| | ■ No □ Yes. Give | e specific information about them | | |
| | | ranchises, and other general intangibles | | |
| | Examples: ■ No | Building permits, exclusive licenses, cooperative | e association holdings, liquor licenses, professional licenses | |
| | ☐ Yes. Give | e specific information about them | | |
| M | oney or prop | perty owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refund ■ No | s owed to you | | |
| | | e specific information about them, including wheth | ner you already filed the returns and the tax years | |
| 29. | Family sup Examples: ■ No | | child support, maintenance, divorce settlement, property sett | lement |
| | | e specific information | | |

| Debtor 1 | Eric A Osretkar | Case number (if known) | |
|---------------------------|---|---|--|
| | amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else | y benefits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| ■ No | . , | | |
| ☐ Yes | . Give specific information | | |
| | sts in insurance policies nples: Health, disability, or life insurance; health savings acco | ount (HSA); credit, homeowner's, or renter's insura | nce |
| | . Name the insurance company of each policy and list its val | IIA | |
| _ 100 | Company name: | Beneficiary: | Surrender or refund value: |
| | Prudential Term Life Insurance | Son Son | \$0.00 |
| If you | nterest in property that is due you from someone who hat are the beneficiary of a living trust, expect proceeds from a one has died. | | eive property because |
| ■ No | | | |
| ☐ Yes | . Give specific information | | |
| Exam | s against third parties, whether or not you have filed a language. Accidents, employment disputes, insurance claims, or | | |
| ■ No | . Describe each claim | | |
| | | | |
| | contingent and unliquidated claims of every nature, incl | uding counterclaims of the debtor and rights to | o set off claims |
| ■ No □ Yes | . Describe each claim | | |
| | | | |
| 35. Any fi ■ No | nancial assets you did not already list | | |
| | . Give specific information | | |
| | | | |
| | the dollar value of all of your entries from Part 4, includi Part 4. Write that number here | | \$595.89 |
| Part 5: Do | escribe Any Business-Related Property You Own or Have an Inte | erest In. List any real estate in Part 1. | |
| 37. Do yo u | own or have any legal or equitable interest in any business-rela | ited property? | |
| ☐ No. G | o to Part 6. | | |
| Yes. | Go to line 38. | | |
| | | | Current value of the |
| | | | portion you own? Do not deduct secured claims or exemptions. |
| 38. Acco ι | unts receivable or commissions you already earned | | |
| ■ No | | | |
| ☐ Yes | Describe | | |
| Exam | equipment, furnishings, and supplies ples: Business-related computers, software, modems, printe | ers, copiers, fax machines, rugs, telephones, desks | s, chairs, electronic devices |
| ■ No □ Yes | . Describe | | |
| □ No | nery, fixtures, equipment, supplies you use in business, | , and tools of your trade | |
| Yes | . Describe | | |
| Official For | rm 106A/B Schedule A | A/B: Property | page 5 |

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| Debtor 1 | Eric A Osretkar | Case number (if known) | |
|------------------|--|-------------------------|------------|
| | Misc. Hand tools | | \$1,000.00 |
| 1. Invento | ory | | |
| ■ No | | | |
| ☐ Yes. | Describe | | |
| 2. Interes | ts in partnerships or joint ventures | | |
| ■ No | | | |
| ☐ Yes. | Give specific information about them Name of entity: | % of ownership: | |
| 3. Custor | ner lists, mailing lists, or other compilations | | |
| | ur lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A)) | ? | |
| | No | | |
| | ☐ Yes. Describe | | |
| - | siness-related property you did not already list | | |
| ■ No | | | |
| ⊔ Yes. | Give specific information | | |
| | he dollar value of all of your entries from Part 5, including any entries for part 5. Write that number here | | \$1,000.00 |
| | scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Inte ou own or have an interest in farmland, list it in Part 1. | erest In. | |
| | own or have any legal or equitable interest in any farm- or commercial fis | shing-related property? | |
| ■ No. | Go to Part 7. | | |
| ☐ Yes | . Go to line 47. | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not List Above | | |
| | have other property of any kind you did not already list? bles: Season tickets, country club membership | | |
| ■ No | | | |
| ☐ Yes. | Give specific information | | |
| 54. Add 1 | he dollar value of all of your entries from Part 7. Write that number here | | \$0.00 |
| | | | |

| Deb | tor 1 Eric A Osretkar | | Case number (if known) | |
|------|--|-------------|------------------------------|-------------|
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$64,200.00 |
| 56. | Part 2: Total vehicles, line 5 | \$7,500.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$5,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$595.89 | | |
| 59. | Part 5: Total business-related property, line 45 | \$1,000.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$14,595.89 | Copy personal property total | \$14,595.89 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$78,795.89 |

Official Form 106A/B Schedule A/B: Property page 7 Best Case Bankruptcy

| Fill in this inform | | | | | |
|---|-----------------|-------------------|-----------|--|-----------------------|
| Debtor 1 | Eric A Osretkar | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF OHIO | | |
| Case number _ | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exem | ptions are | you claiming? | Check one only | , even if | your spouse is | filing with | vou. |
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amou | unt of the exemption you claim | Specific laws that allow exemption | |
|--|--------------------------------------|---|---|---|--|
| | Copy the value from Schedule A/B | Chec | k only one box for each exemption. | | |
| Fusion 2013 Ford 99000 miles Line from Schedule A/B: 3.1 | \$7,500.00 | | \$3,775.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) | |
| Line Holli Schedule A/D. 3.1 | | 100% of fair market value, up to any applicable statutory limit | | 2020.00(A)(2) | |
| Misc. Household Goods Line from Schedule A/B: 6.1 | \$5,000.00 | | \$5,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line Holli Schedule A/D. V. I | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(4)(a) | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Ellie Holli Golledale A/D. | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(/1)(4)(4) | |
| Cash Line from Schedule A/B: 16.1 | \$20.00 | | \$20.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| Ellie Holli Golloddie 775. 1011 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(/1)(0) | |
| Checking: PNC Bank Line from Schedule A/B: 17.1 | \$0.00 | | \$150.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| Ellie Holli Golledale A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | 2325.00(A)(3) | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| Debt | ebtor 1 Eric A Osretkar | | Case number (if known) | | | | | |
|------|--|--------------------------------------|--|---|---|--|--|--|
| | Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | the state of the s | | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | Savings: PNC Line from Schedule A/B: 17.2 | \$25.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | | | |
| | Ellie Holli osilodale 7VB. VIII | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(1)(0) | | | |
| | 401k: John Hancock Line from Schedule A/B: 21.1 | \$71.25 | | \$71.25 | Ohio Rev. Code Ann. § 2329.66(A)(17) | | | |
| | Line IIIIII Schedule AVB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(17) | | | |
| | Misc. Hand tools Line from Schedule A/B: 40.1 | \$1,000.00 | | \$1,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(5) | | | |
| | Line nom <i>Schedule AVD</i> . 40.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(3) | | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and eve | . , | | led on or after the date of adjustme | nt.) | | | |
| | ■ No | | | | | | | |
| | Yes. Did you acquire the property cov | vered by the exemption with | thin 1 | ,215 days before you filed this case | ? | | | |
| | □ No | | | | | | | |
| | ☐ Yes | | | | | | | |

| Fill in this informat | tion to identify you | r c350. | | | |
|---|--------------------------------|--|---|--|-----------------------------------|
| | | i case. | | | |
| Debtor 1 | First Name | Middle Name Last Name | | - | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | - | |
| United States Bankı | ruptcy Court for the: | NORTHERN DISTRICT OF OHIO | | | |
| Case number | | | | | |
| (if known) | | | | | if this is an |
| | | | | amend | ded filing |
| Official Form | <u>106D</u> | | | | |
| Schedule D | : Creditors | Who Have Claims Secured | by Propert | У | 12/15 |
| | | If two married people are filing together, both are equout, number the entries, and attach it to this form. Or | | | |
| 1. Do any creditors ha | ve claims secured by | your property? | | | |
| ☐ No. Check th | is box and submit th | nis form to the court with your other schedules. Yo | ou have nothing else t | o report on this form. | |
| Yes. Fill in al | I of the information I | below. | | | |
| Part 1: List All S | Secured Claims | | | | |
| for each claim. If more | e than one creditor has | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 DriveTime C | Credit Co | Describe the property that secures the claim: | \$20,013.00 | \$7,500.00 | \$12,513.00 |
| Creditor's Name | | Fusion 2013 Ford 99000 miles | | | |
| Attention: B 4020 E India Phoenix, AZ | n School Rd | As of the date you file, the claim is: Check all that apply. | | | |
| | ty, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| M/h = avve = the debt | 2 01 1 | Disputed | | | |
| Who owes the debt | r Check one. | Nature of lien. Check all that apply. An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the | | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this clain community debt | n relates to a | Other (including a right to offset) | | | |
| | Opened 07/16 Last Active | | | | |
| Date debt was incurre | ed 8/18/16 | Last 4 digits of account number 4401 | | | |
| 2.2 Household | Boolty Corn | Describe the property that secures the claim: | ¢125 772 00 | \$64.200.00 | \$94,568.30 |
| 2.2 Household Creditor's Name | Realty Corp | 5243 W.49th Street Parma, OH 44134 | \$125,772.00 | \$64,200.00 | \$94,566.50 |
| | | Cuyahoga County | | | |
| | Road Heights, OH | As of the date you file, the claim is: Check all that apply. | | | |
| 44130 | t. Otata 9 7 a Oada | Contingent | | | |
| Number, Street, Ci | ty, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agreement you made (such as mortgage or sec car loan) | cured | | |
| Debtor 1 and Debtor | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the | - | ☐ Judgment lien from a lawsuit | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | Eric A Osretkar | | | Case | number (if know) | | |
|---|--|-------------------|--|--------------|------------------|-------------|--------|
| | First Name | Middle Name | Last Name | | | | |
| | k if this claim relates to a munity debt | ☐ Othe | er (including a right to offset) | | | | |
| Date deb | ot was incurred | L | ast 4 digits of account number | | | | |
| | easurer of Cuyahoga Ounty | | e the property that secures the clain | m: | \$32,996.30 | \$64,200.00 | \$0.00 |
| | editor's Name | 5243 \ | W.49th Street Parma, OH 441 | 34 | | | |
| | | Cuyah | noga County 443-27-069 | | | | |
| | 79 East 9th Street eveland, OH 44115 | As of the apply. | e date you file, the claim is: Check all | that | | | |
| Nur | mber, Street, City, State & Zip Co | | | | | | |
| | | ☐ Disp | • | | | | |
| Who ow | es the debt? Check one. | | of lien. Check all that apply. | | | | |
| ■ Debto | • | | greement you made (such as mortgage loan) | e or secured | | | |
| | or 1 and Debtor 2 only | ☐ Statu | utory lien (such as tax lien, mechanic's | lien) | | | |
| ☐ At lea | ist one of the debtors and ar | _ | ment lien from a lawsuit | , | | | |
| ☐ Check if this claim relates to a community debt | | ☐ Othe | er (including a right to offset) | | | | |
| Date deb | ot was incurred | L | ast 4 digits of account number | | | | |
| | | | | Г | 0470 TO 1 | 201 | |
| | | | on this page. Write that number here |): | \$178,781.3 | | |
| | is the last page of your for hat number here: | m, add the dollai | value totals from all pages. | | \$178,781.3 | 30 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fill i | n this inform | nation to identify your o | case: | | | | | |
|--------------------------|---|---|------------------------------------|---------------------------------------|--------------------|---|-----------------|---------------------------|
| Debt | or 1 | Eric A Osretkar | | | | | | |
| | | First Name | Middle Na | ame | Last Name | | | |
| Debt | or 2 se if, filing) | First Name | Middle Na | ama | Last Name | | | |
| (Spou | se II, IIIIng) | First Name | Middle Na | ame | Last Name | | | |
| Unite | ed States Bar | nkruptcy Court for the: | NORTHERN | N DISTRICT OF | OHIO | | | |
| Case | e number | | | | | | | |
| (if kno | wn) | | | _ | | | | heck if this is an |
| | | | | | | | а | mended filing |
| ∩ffi | cial Form | 106E/F | | | | | | |
| | | /F: Creditors W | ho Have | Unsecure | d Claims | | | 12/15 |
| | | | | | | Part 2 for creditors with NON | PRIORITY clai | |
| Sched left. A name | lule D: Credito ttach the Cont and case num | ors Who Have Claims Sectitinuation Page to this pages to the pages of | ired by Proper e. If you have r | ty. If more space no information to | is needed, copy | e any creditors with partially s the Part you need, fill it out, i , do not file that Part. On the to | number the en | tries in the boxes on the |
| Part | | I of Your PRIORITY Un rs have priority unsecured | | | | | | |
| _ | No. Go to Pa | | a Ciaillis agaills | st you : | | | | |
| | ■ No. Go to Pa | all Z. | | | | | | |
| Part | | l of Your NONPRIORIT | Y Unsecured | Claims | | | | |
| | | rs have nonpriority unsec | | | | | | |
| | | | _ | • | :4h | | | |
| | → No. You nav | re nothing to report in this pa | art. Sudmit this i | form to the court w | ith your other sci | nedules. | | |
| | Yes. | | | | | | | |
| u tl | insecured claim | n, list the creditor separately | for each claim. | For each claim list | ted, identify what | no holds each claim. If a credito type of claim it is. Do not list clain three nonpriority unsecured cl | ims already inc | luded in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | Allen's I | Parma Towing | | Last 4 digits of a | ccount number | | | Unknown |
| | | Creditor's Name | | 14 /1 | | 0040 | | |
| | | arl Road nd, OH 44129 | | When was the de | ept incurred? | 2016 | | - |
| | | reet City State Zlp Code | | As of the date yo | ou file, the claim | is: Check all that apply | | |
| | Who incur | red the debt? Check one. | | | | | | |
| | Debtor | 1 only | | ☐ Contingent | | | | |
| | ☐ Debtor | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor | 1 and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least | one of the debtors and and | ther | Type of NONPRI | | ed claim: | | |
| | | if this claim is for a comn | nunity | ☐ Student loans | | | | |
| | debt | n subject to offset? | | Obligations are report as priority of | | paration agreement or divorce th | at you did not | |
| | No | oubject to onset: | | | | ing plans, and other similar debt | s | |
| | ■ No | | | • | • | owing/Storage | - | |
| | □ 162 | | | Otner. Specify | A CHILCIE IC | , willy otorage | | _ |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 10

| Autovest, LLC | Last 4 digits of account number 6853 | \$8,687.74 | | | | | |
|--|--|------------|--|--|--|--|--|
| Nonpriority Ćreditor's Name 26261 Evergreen Rd, Suite 390 | When was the debt incurred? | ψο,σστ.τ- | | | | | |
| Southfield, MI 48076 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| ☐ Yes | ■ Other. Specify Collections for First Investors Financial | | | | | | |
| Capital recovery systems Nonpriority Creditor's Name | Last 4 digits of account number 3460 | \$260.00 | | | | | |
| 750 Cross Pointe Road, Suite S Columbus, OH 43230 | When was the debt incurred? | | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| No | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| Yes | Other. Specify Collections | | | | | | |
| Carson Smithfield, LLC | Last 4 digits of account number 5578 | \$969.57 | | | | | |
| Nonpriority Creditor's Name P.O. Box 9216 | When was the debt incurred? | | | | | | |
| Old Bethpage, NY 11804 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | □ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| ☐ Yes | ■ Other. Specify Collection Agency | | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

| City of Claveland Division of Water | Last 4 digits of account number 0000 | \$358.32 | | | |
|--|---|------------------|--|--|--|
| City of Cleveland Division of Water Nonpriority Creditor's Name 1201 Lakeside Avenue | Last 4 digits of account number 0000 When was the debt incurred? | \$336.3 <u>2</u> | | | |
| Cleveland, OH 44114 | | | | | |
| Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | Contingent | | | | |
| Debtor 2 only | Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| At least one of the debtors and another | Student loans | | | | |
| ☐ Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify Utility Bill | | | | |
| City of Cleveland Division of Water Nonpriority Creditor's Name | Last 4 digits of account number | \$54.79 | | | |
| 1201 Lakeside Avenue Cleveland, OH 44114 | When was the debt incurred? | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify Utility Bill | | | | |
| Cox Communications | Last 4 digits of account number 3909 | \$839.63 | | | |
| Nonpriority Creditor's Name P.O. Box 9001817 | When was the debt incurred? | | | | |
| Louisville, KY 40290 | When was the dept incurred: | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ☐ Yes | Other. Specify Utility Bill | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| ERC/Enhanced Recovery Corp | Last 4 digits of account number | 8286 | \$2,445.00 | | | | |
|--|---|---|------------|--|--|--|--|
| Nonpriority Creditor's Name | | Opened 07/16 | . , | | | | |
| 8014 Bayberry Rd Jacksonville, FL 32256 | When was the debt incurred? | | | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | | |
| Check if this claim is for a community | Student loans | | | | | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| Yes | ■ Other. Specify Collection | Attorney At T | | | | | |
| ERC/Enhanced Recovery Corp | Last 4 digits of account number | 9343 | \$927.00 | | | | |
| Nonpriority Creditor's Name 3014 Bayberry Rd | When was the debt incurred? | Opened 07/16 | | | | | |
| Jacksonville, FL 32256 Jumber Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| Who incurred the debt? Check one. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | |
| ☐ Check if this claim is for a community | | | | | | | |
| lebt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | | | | | | |
| No | Debts to pension or profit-sharin | n plane, and other similar debts | | | | | |
| | · | | | | | | |
| Yes | Other. Specify Collection | Attorney At 1 | | | | | |
| Eric J. Moore Company | Last 4 digits of account number | | \$1,265.86 | | | | |
| Nonpriority Creditor's Name | When was the debt incurred? | | | | | | |
| Northfield, OH 44067 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| Who incurred the debt? Check one. | ,,,,,, | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| No | Debts to pension or profit-sharin | n plans, and other similar debte | | | | | |
| ■ INU | - pents to bension of biolit-stigilli | g piano, and other similar debts | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| First Investors Financial Services | Last 4 digits of account number | 0001 | \$7,643. | | |
|--|---|---|----------|--|--|
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 11/12 Last Active | | | |
| 380 Interstate N Pwy Ste 300 Atlanya, GA 30339 | When was the debt incurred? 10/09/15 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| Yes | Other. Specify Automobile | • | | | |
| Global Trust Management, LLC | Last 4 digits of account number | 6812 | \$759 | | |
| Nonpriority Creditor's Name | | | | | |
| P.O. Box 4115 Concord, CA 94524 | When was the debt incurred? | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| □Yes | Other. Specify Collection | Agency | | | |
| Halsted Financial Services, LLC | Last 4 digits of account number | 6507 | \$984. | | |
| Nonpriority Creditor's Name P.O. Box 828 | When was the debt incurred? | | <u> </u> | | |
| Skokie, IL 60076 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| □ Yes | ■ Other. Specify Collection | = : | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Eric A Osretkar | Case number (if know) | | | | |
|--|---|--------------|--|--|--|
| IC System | Last 4 digits of account number | \$251.5 | | | |
| Nonpriority Creditor's Name 444 Highway 96 East | When was the debt incurred? | <u>.</u> | | | |
| PO Box 64378 | | | | | |
| Saint Paul, MN 55164-0378 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| □ Yes | Other. Specify Collection Agency | | | | |
| Illuminating Company | Last 4 digits of account number 3763 | \$2,111.3 | | | |
| Nonpriority Creditor's Name | <u> </u> | - | | | |
| P.O. Box 3687 Akron, OH 44309 | When was the debt incurred? | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify Utillity Bill | | | | |
| LJ Ross Associates | Last 4 digits of account number | \$1,283.0 | | | |
| Nonpriority Creditor's Name P.O. Box 6099 | When was the debt incurred? | | | | |
| Jackson, MI 49204 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | 7.6 of the date you me, the stannie. Onesk an that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify Collection Agency | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Merrick Bank/Geico Card | Last 4 digits of account number | 5578 | \$970.00 | | | |
|--|---|--|------------|--|--|--|
| Nonpriority Creditor's Name | | Opened 08/11 Last Active | | | | |
| Po Box 23356 Pittsburg, PA 15222 | When was the debt incurred? | 1/23/12 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | | |
| debt s the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| ☐ Yes | Other. Specify Credit Card | | | | | |
| Northeast Ohio Regional Sewer Distr | Last 4 digits of account number | 0000 | \$595.75 | | | |
| Nonpriority Creditor's Name P.O. Box 94550 Cleveland. OH 44101 | When was the debt incurred? | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharin | | | | | |
| ☐ Yes | Other. Specify Utility Bill | | | | | |
| Ohio Attorney General | Last 4 digits of account number | 9064 | \$1,069.89 | | | |
| Nonpriority Creditor's Name | | | | | | |
| Collections Enforcement Section 150 E. Gay Street | When was the debt incurred? | | | | | |
| Columbus, OH 43215 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | |
| Who incurred the debt? Check one. | , to or the date you me, the claim. | or onook all that apply | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| □ Yes | ■ Unampley | ment Overpayment | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | Eric A Osretkar | | · · · · · · · · · · · · · · · · · · · | | | | |
|-------------|---|---|--|------------|--|--|--|
| Inc | vers Edge Investment Company, c priority Creditor's Name | Last 4 digits of account number | 6046 | \$1,200.00 | | | |
| 17 | 419 Broadway Ave. aple Heights, OH 44137 | When was the debt incurred? | | | | | |
| Nur | mber Street City State Zlp Code o incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | |
| deb Is t | ot he claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Deficiency of Repossession | | | | | |
| | vr Edg Inv | Last 4 digits of account number | 6902 | \$1,679.00 | | | |
| Nor | npriority Creditor's Name | | Opened 1/28/10 Last Active | | | | |
| | 419 Broadway Ave aple Heights, OH 44137 | When was the debt incurred? | 6/14/12 | | | | |
| | mber Street City State Zlp Code o incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | | | |
| | Debtor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Check if this claim is for a community | | | | | | |
| deb Is t | ot he claim subject to offset? | | | | | | |
| | No | | | | | | |
| | Yes | ■ Other. Specify Automobile | | | | | |
| | vr Edg Inv | Last 4 digits of account number | 7B01 | \$1,263.00 | | | |
| | npriority Creditor's Name 419 Broadway Ave | When was the debt incurred? | Opened 7/31/09 Last Active | | | | |
| | aple Heights, OH 44137 | when was the debt incurred? | 4/03/14 | | | | |
| | mber Street City State Zlp Code o incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| _ | Debtor 1 and Debtor 2 only | | | | | | |
| | At least one of the debtors and another | | | | | | |
| | Check if this claim is for a community | | | | | | |
| deb | ot | | | | | | |
| | he claim subject to offset? | report as priority claims | | | | | |
| | No | · | sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Automobile | • | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 10

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| Debto | er 1 Eric A Osretkar | Case number (if know) | | | | | |
|----------|--|---|------------|--|--|--|--|
| 4.2 | | | 407.00 | | | | |
| 3 | Signature Health, Inc Nonpriority Creditor's Name | Last 4 digits of account number | \$65.00 | | | | |
| | P.O. Box 781607 Detroit, MI 48278 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Medical Bill | | | | | |
| 4.2 | Southwest Credit Systems | Last 4 digits of account number 7285 | \$1,564.00 | | | | |
| 4 | Nonpriority Creditor's Name | | . , , | | | | |
| | 4120 International Parkway Suite 1100 | When was the debt incurred? Opened 03/16 | | | | | |
| | Carrollton, TX 75007 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Oneok an that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Collection Attorney T Mobile | | | | | |
| 4.2 5 | Whipple Law, P.A. | Last 4 digits of account number | \$0.00 | | | | |
| | Nonpriority Creditor's Name | | | | | | |
| | 233 Mount Airy Road 1st Floor | When was the debt incurred? | | | | | |
| | 523 North Tryon Street, Suite 1600 | | | | | | |
| | Charlotte, NC 28202 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | Пол | | | | | |
| | Debtor 2 only | ☐ Contingent | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ No | | | | | | |
| | Yes | ■ Other. Specify Collection Agency | | | | | |
| | | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 1 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 7 | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 37,247.78 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 37,247.78 |

| Fill in this information to identify your case: | | | | | | |
|---|-----------------|-------------------|-----------|--|---|--------------------------------|
| Debtor 1 | Eric A Osretkar | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF OHIO | | | |
| Case number | | | | | | |
| (if known) | | | | | _ | eck if this is an ended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | ٠, | | 3. 3 | 0000 | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | s information to identify your | case: | | | |
|---|---|---|--|--|--|
| Debtor 1 | Eric A Osretkar | | | | |
| D 1 / 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a your name | e filing together, both are equ | ally responsible for sup boxes on the left. Attac . Answer every question | plying correct informat th the Additional Page to n. | ion. If more space is r o this page. On the to | rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| | | you are ming a joint oace, | , do not not ounor opodoo | do a codobior. | |
| ■ No □ Yes | | | | | |
| Arizon | chin the last 8 years, have you ha, California, Idaho, Louisiana, . Go to line 3. s. Did your spouse, former spouse. | Nevada, New Mexico, P | uerto Rico, Texas, Washi | | |
| in line Form | e 2 again as a codebtor only i | f that person is a guara | ntor or cosigner. Make s | sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zi | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | Name | | | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐ | line |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | Name | | | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir | line |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

| Fill | in this information to identify your c | ase: | | | | | | | |
|--------------------|---|-------------------------------|--|-----------------------|-----------------|--|---------------------------|------------------------------|-----------------|
| Del | otor 1 Eric A Osret | kar | | | _ | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF OHIO | | _ | | | | |
| | se number | | | | | Check if this is: An amende A supplement | d filing ent showir | | |
| 0 | fficial Form 106I | | | | | | | ollowing date: | |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | YYY | | 12/15 |
| sup spo atta | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your the thick the t | spouse i de inforr | s livi natic | ng with you, incluen about your spo | ude infor | mation about ore space is | your needed, |
| 1. | Fill in your employment | | | | | | | | |
| 1. | information. | | Debtor 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | _ ` | ☐ Employed ☐ Not employed | | |
| | employers. | Occupation | Maintenance Me | echanic | | | | | se |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Valtris Specialty | 3 | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 7500 East Pleas Road Independence, | | • | | | | |
| | | How long employed the | here? 7 Mont | hs | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothing to r | eport for a | any li | ine, write \$0 in the | space. In | clude your noi | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | mplo | yers for that perso | n on the I | ines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,635.77 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 2,635.77 | \$ | N/A | |

| | | | For | Debtor 1 | For Debto | | |
|-----|---|--------------------------|-------------|---------------|---------------------|-------------------|--------------|
| | Copy line 4 here | 4. | \$ | 2,635.77 | \$ | N/A | |
| _ | | | | | | | |
| 5. | List all payroll deductions: | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$_ | 617.42 | \$ | N/A | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | N/A | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | N/A | |
| | 5e. Insurance | 5e. | \$_ | 223.30 | \$ | N/A | |
| | 5f. Domestic support obligations | 5f. | \$_ | 0.00 | \$ | N/A | |
| | 5g. Union dues | 5g. | \$_ | 71.85 | \$ | N/A | |
| | 5h. Other deductions. Specify: Disability Insurance | 5h.+ | | 0.74 | · · | N/A | |
| | Health Savings Account | | \$_ | 43.34 | \$ | N/A | |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 956.65 | \$ | N/A | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1,679.12 | \$ | N/A | |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a depending regularly receive | 8a. 8b. ent | \$_ \$_ | 0.00 | \$ | N/A N/A | |
| | Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income | nce 8f. 8g. | \$ _ | 0.00 | \$\$ | N/A N/A | |
| | 8h. Other monthly income. Specify: Rent from Son | 8h.+ | \$ | 108.34 | + \$ | N/A | |
| | <u> </u> | | | | | | 7 |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 108.34 | \$ | N/A | |
| 10. | Calculate monthly income. Add line 7 + line 9. | 10. \$ | | 1,787.46 + \$ | N/A | = \$ | 1,787.46 |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | · · · · · · · · · | | | | | 1,101110 |
| 11. | State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, yother friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are Specify: | our depend | | | ed in <i>Schedu</i> | le J. +\$ | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Coapplies | | | | | | 1,787.46 |
| 13. | Do you expect an increase or decrease within the year after you file this fo | orm? | | | | Combin monthly | ed income |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | _ | | | | | | | |
|----------------------|---|---|-------------------------------------|--|--|---|-------------|-------------|-------------------------------|--|--|--|--|
| Fill ir | n this informat | tion to identify yo | our case: | | | | | | | | | | |
| Debto | or 1 | Eric A Osretl | kar | | | Ch | eck if this | s: | | | | | |
| | | | | | | | An ame | nded filing | | | | | |
| Debtor 2 | | | | | | A supplement showing postpetition chapter 13 expenses as of the following date: | | | | | | | |
| (Spot | use, if filing) | | | | | | 13 expe | rises as or | the following date. | | | | |
| Unite | d States Bankr | uptcy Court for the: | NORTH | IERN DISTRICT OF OH | IO | | MM / DI |) / YYYY | | ependent h you? see to report and fill in the | | | |
| | number | | | | | | | | | | | | |
| (If kn | own) | | | | | | | | | | | | |
| Off | ficial Fo | rm 106J | | | | | | | | | | | |
| Sc | hedule | J: Your I | Exner | 1989 | | | | | | 12/15 | | | |
| Be a infor num | s complete a rmation. If m ber (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta y questio | If two married people ch another sheet to thi | | | | | | | | | |
| Part 1. | 1: Descr Is this a join | ibe Your House | hold | | | | | | | | | | |
| ١. | _ | | | | | | | | | | | | |
| | ■ No. Go to | oline 2. s Debtor 2 live i | n a senar | ata hausahald? | | | | | | | | | |
| | □ res. Doe | | ii a sepai | ate nousenola: | | | | | | | | | |
| | | | st file Offici | al Form 106J-2, <i>Expens</i> | es for Separate House | ehold of De | ebtor 2. | | | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Depe age | endent's | Does dependent live with you? | | | | |
| | Do not state | the | | | | | | | □ No | | | | |
| | dependents | names. | | | Son | | 19 | | Yes | | | | |
| | | | | | | | | | □ No | | | | |
| | | | | | | | | | ☐ Yes | | | | |
| | | | | | | | | | □ No | | | | |
| | | | | | | | | | ☐ Yes | | | | |
| | | | | | | | | | □ No □ Yes | | | | |
| 3. | Do your exp | enses include | _ | No | | | | | □ 1es | | | | |
| | expenses of | f people other ti d your depende | han $_{f \Box}$ | Yes | | | | | | | | | |
| expe | mate your ex | | our bankrı | y Expenses uptcy filing date unless y is filed. If this is a su _l | | | | | | | | | |
| the \ | | n assistance and | | government assistance luded it on <i>Schedule I</i> : | | | | Your exp | enses | | | | |
| 4. | The rental o | r home ownere | hin exnen | ses for your residence | Include first mortgag | е — | | | | | | | |
| | | nd any rent for the | | - | o.aao iiiot mortgay | | \$ | | 950.00 | | | | |
| | If not includ | led in line 4: | | | | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | | | | |
| | | rty, homeowner's | | | | 4b. | | | 100.00 | | | | |
| | | | • | ipkeep expenses | | 4c. | | | 50.00 | | | | |
| 5 | | owner's associat | | dominium dues vur residence , such as t | nome equity leans | 4d. | \$ | | 0.00 | | | | |

| Debtor 1 | Eric A C | Osretkar | Case num | ber (if known) | |
|----------|---------------|---|--------------|----------------|--------------------------|
| i. Utili | ities: | | | | |
| 6a. | Electricity | y, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | Water, se | ewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. | | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. | Other. Sr | pecify: | 6d. | \$ | 0.00 |
| | | sekeeping supplies | 7. | · | 400.00 |
| | | children's education costs | 8. | | 0.00 |
| | | dry, and dry cleaning | 9. | · | 0.00 |
| | - | products and services | 10. | | 0.00 |
| | | ental expenses | 11. | | 0.00 |
| | | Include gas, maintenance, bus or train fare. | | Ψ | 0.00 |
| | | car payments. | 12. | \$ | 200.00 |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | | atributions and religious donations | 14. | · - | 0.00 |
| | urance. | | | <u> </u> | 0.00 |
| | | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insur | , , , | 15a. | \$ | 0.00 |
| 15b | . Health in | surance | 15b. | \$ | 0.00 |
| 15c | . Vehicle ir | nsurance | 15c. | \$ | 194.00 |
| | | surance. Specify: | 15d. | · | 0.00 |
| | | include taxes deducted from your pay or included in lines 4 or 20. | | <u> </u> | 0.00 |
| | cify: | molade taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | - | lease payments: | | * | |
| | | nents for Vehicle 1 | 17a. | \$ | 0.00 |
| | | nents for Vehicle 2 | 17b. | · | 0.00 |
| | . Other. Sp | | 17c. | \$ | 0.00 |
| | . Other. Sp | | 17d. | | 0.00 |
| | | s of alimony, maintenance, and support that you did not report a | | Ψ | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I) | | \$ | 0.00 |
| | | ts you make to support others who do not live with you. | | \$ | 0.00 |
| | cify: | , | 19. | | |
| . Oth | er real pro | perty expenses not included in lines 4 or 5 of this form or on Sch | nedule I: Yo | our Income. | |
| | | es on other property | 20a. | | 0.00 |
| 20b | . Real esta | ate taxes | 20b. | \$ | 0.00 |
| 20c | . Property. | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | ance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | ner's association or condominium dues | 20e. | · | 0.00 |
| | er: Specify: | | 21. | · - | 0.00 |
| . 501 | or opecity. | - | | - Ψ | 0.00 |
| . Cal | culate your | monthly expenses | | | |
| 22a | . Add lines 4 | 4 through 21. | | \$ | 1,894.00 |
| 22b | . Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | - |
| | | 2a and 22b. The result is your monthly expenses. | | \$ | 1,894.00 |
| | 11110 22 | and all the result of your menting expenses. | | | 1,034.00 |
| | - | monthly net income. | | | |
| | | e 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,787.46 |
| 23b | . Сору уог | ur monthly expenses from line 22c above. | 23b. | -\$ | 1,894.00 |
| | | | | | |
| 23c | | your monthly expenses from your monthly income. | 00. | · · | -106.54 |
| | The resu | It is your monthly net income. | 23c. | \$ | -106.54 |
| For | example, do y | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your eterms of your mortgage? | | | or decrease because of a |
| | | Evaluin horo: | | | |
| | res. | Explain here: | | | |

| Fill in this infor | rmation to identify your o | case: | | | | |
|---------------------------------|--|---|-----------------------------|--------------------------|---|-------|
| Debtor 1 | Eric A Osretkar | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| Case number (if known) | | | | | ☐ Check if this is a | n |
| | | | | | amended filing | |
| | | | | | | |
| Official For | m 106Dec | | | | | |
| Doclara | tion About a | n Individual | Debtor's Sc | hadulas | | 40/45 |
| Deciara | tion About a | III III ai viadai | Debioi 3 00 | <u>licuuics</u> | | 12/15 |
| ears, or both. 1 | ry or property by fraud in 18 U.S.C. §§ 152, 1341, 1 | i connection with a banki 519, and 3571. | uptcy case can result ir | 1 fines up to \$250,000, | or imprisonment for up | to 20 |
| Did you pa | ay or agree to pay some | one who is NOT an attorn | ney to help you fill out ba | ankruptcy forms? | | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | uptcy Petition Preparer's N and Signature (Official Forr | |
| | alty of perjury, I declare retrue and correct. | that I have read the sumn | nary and schedules filed | d with this declaration | and | , |
| | c A Osretkar | | X | | | |
| | A Osretkar ure of Debtor 1 | | Signature of I | Debtor 2 | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Date ____

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Date December 15, 2016

Best Case Bankruptcy

| Fill in t | his information to ide | entify your cas | a· | | | |
|------------------------|---|-------------------------|--------------------------------------|--|---|---|
| | | | . | | | |
| Debtor | 1 Eric A C First Name | Sretkar | Middle Name | Last Name | | |
| Debtor 2 (Spouse if | | | Middle Name | Last Name | | |
| United S | States Bankruptcy Cou | urt for the: N | ORTHERN DISTRICT | OF OHIO | | |
| Case nu | umber | | | | | North Million Control |
| (II KIIOWII) | | | | | - | heck if this is an mended filing |
| State Be as co | omplete and accurate | as possible. | f two married people | | eankruptcy equally responsible for sup | |
| number | (if known). Answer 6 | every question | | • | y additional pages, write you | ii iiailie aliu case |
| Part 1: | Give Details About at is your current ma | | Status and Where Yo | u Lived Before | | |
| ı. wıı | Married | iritai Status ? | | | | |
| | Not married | | | | | |
| 2. Dui | ring the last 3 years, | have you lived | anywhere other than | where you live now? | | |
| ■□ | No Yes. List all of the pl | aces you lived i | n the last 3 years. Do r | not include where you live now | <i>ı</i> . | |
| De | ebtor 1 Prior Address | : | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory ico, Texas, Washington and W | |
| | No Yes. Make sure you | fill out <i>Schedul</i> | e H: Your Codebtors (C | Official Form 106H). | | |
| Part 2 | Explain the Source | es of Your Inc | ome | | | |
| Fill | in the total amount of | income you rec | eived from all jobs and | ng a business during this yeall businesses, including partive together, list it only once ur | | ndar years? |
| | No | | | | | |
| | Yes. Fill in the detail | S. | | | | |
| | | Deb | otor 1 | | Debtor 2 | |
| | | | rces of income ck all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | anuary 1 of current y e you filed for bankru | intev. — \ | Wages, commissions, uses, tips | \$23,772.89 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 | Eric A Osretkar | | Cas | se number (if known) | | |
|-----|---|--|--|---|---|----------------------------------|---|
| | | | | | | | |
| 7. | Inside of whi | n 1 year before you filed for bankrupt ers include your relatives; any general pa ich you are an officer, director, person in iness you operate as a sole proprietor. 1 iny. | artners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their votin | erships of which yog g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
| | | No | | | | | |
| | | Yes. List all payments to an insider. | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | inside | n 1 year before you filed for bankrupt er? le payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | _ | No | | | | | |
| | | Yes. List all payments to an insider | | | | | |
| | Insic | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | List al | n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. | | | | | |
| | _ | No | | | | | |
| | | Yes. Fill in the details. | Nature of the same | Count or onene | | Ctatus of th | |
| | | e title e number | Nature of the case | Court or agency | | Status of th | e case |
| | Eric | asurer of Cuyahoga County v. A. Osretkar 16 865369 | Foreclosure | Cuyahoga Cou Common Ple 1200 Ontario S Cleveland, OH | treet | ■ Pending □ On appe □ Conclude | |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | w. | erty repossessed, f | | shed, attached | |
| | Cred | litor Name and Address | Describe the Property Explain what happened | | Date | | Value of the property |
| | Firs | t Investors Financial Services | 2007 Ford Mustang | | 6/20 | 15 | \$6,000.00 |
| | Attn 380 | : Bankruptcy Interstate N Pwy Ste 300 nya, GA 30339 | ■ Property was reposse □ Property was foreclos □ Property was garnishe | ed. ed. | 5-2 | | \$3,000.00 |
| | | | ☐ Property was attached | a, seizea or levied. | | | |
| 11. | acco | n 90 days before you filed for bankru unts or refuse to make a payment bec | | uding a bank or fi | nancial institutior | n, set off any a | mounts from your |
| | | Yes. Fill in the details. | | | | | |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date taker | action was า | Amount |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

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| Debt | tor 1 | Eric A Osretkar | | Case number | (if known) | |
|---------|-----------------|--|----------------------|--|--------------------------|--------------------------|
| | | | | | | |
| | | n 1 year before you filed for bankru -appointed receiver, a custodian, o | | as any of your property in the possession of an a er official? | assignee for the bene | efit of creditors, a |
| I | | No | | | | |
| l | | /es | | | | |
| Part | 5: | List Certain Gifts and Contribution | s | | | |
| 13. \ | Withii | n 2 vears before vou filed for bankr | uptcv. c | lid you give any gifts with a total value of more t | han \$600 per person | ? |
| - 1 | _ | No | .,, | , | . ,, | |
| ı | | es. Fill in the details for each gift. | | | | |
| | | with a total value of more than \$60 person | 0 | Describe the gifts | Dates you gave the gifts | Value |
| | Pers Addr | on to Whom You Gave the Gift and ress: | | | | |
| 14. N | _ | n 2 years before you filed for bankr No | uptcy, c | lid you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| l | □ \ | es. Fill in the details for each gift or c | ontributi | ion. | | |
| | more Char | or contributions to charities that to than \$600 ity's Name Sess (Number, Street, City, State and ZIP Code | | Describe what you contributed | Dates you contributed | Value |
| | | | -, | | | |
| Part | 6: | List Certain Losses | | | | |
| | | n 1 year before you filed for bankru mbling? | ptcy or | since you filed for bankruptcy, did you lose any | thing because of the | t, fire, other disaster, |
| I | | No | | | | |
| I | □ \ | es. Fill in the details. | | | | |
| | | ribe the property you lost and | Descri | be any insurance coverage for the loss | Date of your | Value of property |
| | now | the loss occurred | | the amount that insurance has paid. List pending nee claims on line 33 of <i>Schedule A/B: Property.</i> | loss | lost |
| Part | 7: | List Certain Payments or Transfers | 5 | | | |
| (| Withii consi | n 1 year before you filed for bankru ulted about seeking bankruptcy or | ptcy, di oreparir | d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you |
| | | No | | | | |
| 1 | | es. Fill in the details. | | | | |
| | Pers | on Who Was Paid | | Description and value of any property | Date payment | Amount of |
| | | il or website address | · | transferred | or transfer was made | payment |
| | | on Who Made the Payment, if Not Y ourgis & Associates | Ju | \$1200 | 10/10/2016 | \$1,200.00 |
| | 3200 Suite |) W. Market St. e 106 | | ψ1200 | 10/10/2010 | ψ1,200.00 |
| | Akro | on, OH 44333 | | | | |
| - | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No | s or to make payments | | | or transfer any proper | ty to anyone who |
|--|--|---|-----------------------------|----------------|--|-------------------------------|
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and vateransferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment |
| 18. Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already No | | isiness or financial affa de as security (such as th | irs? | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and va property transferre | | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | _ | _ | | |
| | Debtor's Son Son | 1985 Honda Pre Value \$350 | ude | repairs p | red for value of erformed to estimated \$500 | 5/2016 |
| | 3011 | | | | | |
| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of w beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | |
| | Name of trust Description and value of the property transferred | | | | | Date Transfer was made |
| | | | | | | illaue |
| Par | t 8: List of Certain Financial Accounts, Inst | truments, Safe Deposit | Boxes, and Stor | age Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No | r other financial accoun | ts; certificates o | of deposit; sh | | |
| | Name of Financial Institution and | Last 4 digits of | igits of Type of account or | | te account was | Last balance |
| | | account number | instrument | clo | osed, sold, oved, or nsferred | before closing or transfer |
| 21. | Do you now have, or did you have within 1 yo cash, or other valuables? | ear before you filed for | bankruptcy, any | safe deposi | t box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acco Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | r place other than your | home within 1 y | ear before yo | ou filed for bankruptc | y? |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? |
| | | • | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Official Form 107

Debtor 1 Eric A Osretkar Case number (if known)

| Par | 19: Identify Property You Hold or Control for S | Someone Else | | | |
|-----|---|---|--------|-------------------------------------|--------------------|
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any proper | rty y | ou borrowed from, are storing for | , or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value |
| Par | 10: Give Details About Environmental Informa | , | | | |
| | he purpose of Part 10, the following definitions | | | | |
| _ | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub | r, land, soil, surface water, ground | _ | • | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | sites. | | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s | | s wa | ste, hazardous substance, toxic s | substance, |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | n the | ey occurred. | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable | e und | der or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or adminis | trative proceeding under any envi | ironi | mental law? Include settlements a | and orders. |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case |
| Par | 11: Give Details About Your Business or Con | , | | | |
| | | | | the fellowing connections to one | |
| 21. | Within 4 years before you filed for bankruptcy, o A sole proprietor or self-employed in a ti | • | - | · | / business / |
| | <u> </u> | | • | • | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | ııb (r | .LP) | |
| | ☐ A partner in a partnership | ha of a company them | | | |
| | ☐ An officer, director, or managing execut | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 Eric A Osretkar | Ca | se number (if known) |
|------------|---|---|---|
| | | | |
| | ■ No. None of the above applies. Go to l | Part 12. | |
| | ☐ Yes. Check all that apply above and fill | I in the details below for each business. | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
| | | · | Dates business existed |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial |
| | ■ No | | |
| | ☐ Yes. Fill in the details below. | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Par | t 12: Sign Below | | |
| are t | | false statement, concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| | Eric A Osretkar | Signature of Debtor 2 | |
| | c A Osretkar nature of Debtor 1 | Signature of Deptor 2 | |
| Dat | December 15, 2016 | Date | |
| Did ■ N | | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? |
| ■ N | you pay or agree to pay someone who is no o es. Name of Person . Attach the <i>Bankru</i> | , , , , | |
| - ' | | .p.c., . c.a.c.i i roparoi e i todos, bosiai adon, c | and organization (Official Form 110). |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| which on the on the lift two married p sign a lift worker y lift. It is the control of the contr | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nur four Creditors Who Have tors that you listed in Palelow. reditor and the property to DriveTime Credit Co | within 30 days after your court extends the rain a joint case, both ole. If more space is mber (if known). The Secured Claims art 1 of Schedule D: what is collateral | revired. You file your bankruptcy petition or by time for cause. You must also send on the for cause. You must also send on the formula for cause. You must also send on the formula for cause. You must also send on the formula for cause. You must also send on the formula for cause. Creditors Who Have Claims Secured What do you intend to do with the precures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | opies to the credi g correct informa s form. On the top by Property (Office roperty that | tors and lessors you list tion. Both debtors must of any additional pages, |
|--|---|--|---|--|--|
| which on the on the lift two married p sign a lift worker y lift. It is the control of the contr | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nured are formed to the form that you listed in Palelow. The formed the property the formed that you cannot be property the formed that the property the formed that the property the formed that you cannot be property the formed that you cannot be property the formed that you cannot be property to be property that you cannot | within 30 days after your court extends the rain a joint case, both ole. If more space is mber (if known). The Secured Claims art 1 of Schedule D: what is collateral | rou file your bankruptcy petition or by time for cause. You must also send on are equally responsible for supplying needed, attach a separate sheet to this creditors Who Have Claims Secured What do you intend to do with the p secures a debt? Surrender the property. Retain the property and redeem it. Retain the property and enter into a | opies to the credi g correct informa s form. On the top by Property (Office roperty that | tors and lessors you list tion. Both debtors must of any additional pages, fial Form 106D), fill in the Did you claim the property as exempt on Schedule C |
| which on the on the lif two married p sign a life write y Part 1: List Y life range credit information b lidentify the control of the control | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nure and case nure tors that you listed in Parelow. reditor and the property to | within 30 days after your court extends the rain a joint case, both lole. If more space is mber (if known). The Secured Claims art 1 of Schedule D: | rou file your bankruptcy petition or by time for cause. You must also send on are equally responsible for supplying needed, attach a separate sheet to the Creditors Who Have Claims Secured What do you intend to do with the process a debt? Surrender the property. | opies to the credi g correct informa s form. On the top by Property (Office roperty that | tors and lessors you list tion. Both debtors must of any additional pages, ial Form 106D), fill in the Did you claim the property as exempt on Schedule C |
| which on the on the lift two married p sign a life write y Part 1: List Y 1. For any credi information b ldentify the co | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nure and case nure tors that you listed in Parelow. reditor and the property to | within 30 days after your court extends the rain a joint case, both lole. If more space is mber (if known). The Secured Claims art 1 of Schedule D: | rou file your bankruptcy petition or by time for cause. You must also send on a re equally responsible for supplying needed, attach a separate sheet to the Creditors Who Have Claims Secured What do you intend to do with the p secures a debt? | opies to the credi g correct informa s form. On the top by Property (Office roperty that | tors and lessors you list tion. Both debtors must of any additional pages, ial Form 106D), fill in the Did you claim the property as exempt on Schedule C |
| which on the on the lf two married p sign a leas complete write y Part 1: List Y | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nure are considered to the form that you listed in Pagelow. | within 30 days after your court extends the rain a joint case, both lole. If more space is mber (if known). The Secured Claims art 1 of Schedule D: | rou file your bankruptcy petition or by time for cause. You must also send on a re equally responsible for supplying needed, attach a separate sheet to the Creditors Who Have Claims Secured What do you intend to do with the p | g correct informa s form. On the top by Property (Office | tors and lessors you list tion. Both debtors must of any additional pages, ial Form 106D), fill in the |
| which on the on the lf two married p sign a leas complete write y Part 1: List Y | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nure are considered to the form that you listed in Pagelow. | within 30 days after your court extends the rain a joint case, both le. If more space is mber (if known). The Secured Claims art 1 of Schedule D: | rou file your bankruptcy petition or by time for cause. You must also send on a re equally responsible for supplying needed, attach a separate sheet to the Creditors Who Have Claims Secured What do you intend to do with the p | g correct informa s form. On the top by Property (Office | tors and lessors you list tion. Both debtors must of any additional pages, ial Form 106D), fill in the |
| which on the lf two married p sign a leas complete write y Part 1: List Y | ever is earlier, unless the form eople are filing together and date the form. and accurate as possibly our name and case nur our Creditors Who Have tors that you listed in Parents | vithin 30 days after you court extends the rin a joint case, both ole. If more space is mber (if known). | rou file your bankruptcy petition or by time for cause. You must also send on the force are equally responsible for supplying needed, attach a separate sheet to the | opies to the credi g correct informa s form. On the top | tors and lessors you list tion. Both debtors must of any additional pages, |
| which on the If two married p sign a Be as complete write y | ever is earlier, unless the form eople are filing together nd date the form. and accurate as possibyour name and case nur | vithin 30 days after yone court extends the rin a joint case, bothole. If more space is mber (if known). | rou file your bankruptcy petition or by time for cause. You must also send on the force are equally responsible for supplying | opies to the credi | tors and lessors you list tion. Both debtors must |
| which on the If two married p sign a Be as complete | ever is earlier, unless the form eople are filing together nd date the form. and accurate as possib | vithin 30 days after yne court extends the rin a joint case, botlole. If more space is | rou file your bankruptcy petition or by time for cause. You must also send on the force are equally responsible for supplying | opies to the credi | tors and lessors you list tion. Both debtors must |
| which on the If two married p sign a Be as complete | ever is earlier, unless the form eople are filing together nd date the form. and accurate as possib | vithin 30 days after yne court extends the rin a joint case, botlole. If more space is | rou file your bankruptcy petition or by time for cause. You must also send on the force are equally responsible for supplying | opies to the credi | tors and lessors you list tion. Both debtors must |
| which on the If two married p | ever is earlier, unless the form eople are filing together | vithin 30 days after y ne court extends the | rou file your bankruptcy petition or by time for cause. You must also send c | opies to the credi | tors and lessors you list |
| which on the | ever is earlier, unless the form | vithin 30 days after y ne court extends the | rou file your bankruptcy petition or by time for cause. You must also send c | opies to the credi | tors and lessors you list |
| which | ever is earlier, unless th | vithin 30 days after y | ou file your bankruptcy petition or by | | |
| | | vithin 30 days after y | ou file your bankruptcy petition or by | | |
| _ , | ara porcornal property o | | | | |
| | sed personal property a | | t expired | | |
| | lividual filing under cha /e claims secured by yo | • • | out this form it: | | |
| | | | | _ | |
| Stateme | nt of Intentio | n for Indivi | iduals Filing Under (| Chapter 7 | 12/15 |
| Official Fo | orm 108 | | | | |
| | | | | | |
| | | | | | amended filing |
| Case number (if known) | | | | | ☐ Check if this is an |
| | | | | | |
| | ankruptcy Court for the: | NORTHERN DISTI | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Debtor 1 | Eric A Osretkar First Name | Middle Name | Last Name | | |
| D 14 4 | | case: | | | |
| Fill in this infor | | | | | |
| Fill in this infor | mation to identify | | | | |
| Fill in this infor | | | | | |
| Fill in this infor | | | | | |

Household Realty Corp name: Description of 5243 W.49th Street Parma, OH property 44134 Cuyahoga County securing debt: **PPN: 443-27-069**

■ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.

☐ Retain the property and [explain]:

Creditor's **Treasurer of Cuyahoga COunty** name:

Description of 5243 W.49th Street Parma, OH 44134 Cuyahoga County

PPN: 443-27-069

■ Surrender the property.

☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.

☐ Retain the property and [explain]:

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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property

Official Form 108

Best Case Bankruptcy

☐ Yes

■ No

☐ Yes

| Debugg Find Conf. | |
|---|--|
| Debtor 1 Eric A Osretkar | Case number (if known) |
| securing debt: | |
| n the information below. Do not list real estat | ty Leases you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G leases. Unexpired leases are leases that are still in effect; the lease period has not yet end ty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property le | ses Will the lease be assumed? |
| Lessor's name: Description of leased Property: | □ No |
| | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have property that is subject to an unexpired lease. | dicated my intention about any property of my estate that secures a debt and any persona |
| X /s/ Eric A Osretkar | x |
| Eric A Osretkar Signature of Debtor 1 | Signature of Debtor 2 |
| Date December 15, 2016 | Date |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| Fill i | n this information to identify your case: | | | | | | irected in this form and i | in Form |
|----------------------------------|--|------------------------------|-------------------|---|-----------------------|--------------------|--|-------------------------------|
| Deb | tor 1 Eric A Osretkar | | | 122 | 2A-1Sup | op: | | |
| Debi | tor 2 | | | | ■ 1. Th | ere is no pres | umption of abuse | |
| Unite | ed States Bankruptcy Court for the: Northern District o | of Ohio | | [| a | oplies will be n | o determine if a presum nade under <i>Chapter 7 M</i> | • |
| | e number | | | | C | alculation (Off | icial Form 122A-2). | |
| (if kno | wn) | | | | | | does not apply now bed service but it could app | |
| | | | | I | □ Che | ck if this is a | n amended filing | |
| Off | icial Form 122A - 1 | | | | | | | |
| Ch | apter 7 Statement of Your Cur | rent I | Mor | nthly Inc | ome |) | | 12/15 |
| attach case qualif Part | | which the acm a presun | dditior nption | nal information a of abuse becaus | pplies. | On the top of an | ny additional pages, write narily consumer debts or | your name and because of |
| 1. | What is your marital and filing status? Check one or | nly. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | \square Married and your spouse is filing with you. Fill our | ut both Col | lumns | A and B, lines | 2-11. | | | |
| | $\hfill\square$ Married and your spouse is NOT filing with you. | You and y | your s | spouse are: | | | | |
| | ☐ Living in the same household and are not lega | ally separa | ated. | Fill out both Col | umns A | and B, lines 2 | 2-11. | |
| | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are living apart for reasons that do not include evading | egally sep | arated | l under nonbanl | kruptcy | law that applie | es or that you and your s | |
| 10 th | Il in the average monthly income that you received from all of (10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p | onth period by 6. Fill in | would the re | be March 1 throu sult. Do not includ | ıgh Augu le any in | ist 31. If the amo | ount of your monthly income ore than once. For example | e varied during e, if both |
| | | | | | Colum Debto | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and comr | nissio | ons (before all | \$ | 2,635.77 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments | from | a spouse if | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include red, your dep | egular bende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, | or farm | | | | | | |
| | | | | tor 1 | | | | |
| | Gross receipts (before all deductions) | · <u> </u> | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | | 0.00 | | _ | 0.00 | • | |
| | Net monthly income from a business, profession, or far | m \$ | U.UU | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | | Dal | tor 1 | | | | |
| | One and a single that a series of the series | \$ | ם 0.00 | tor 1 | | | | |
| | Gross receipts (before all deductions) | · — | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | · - | | Copy here -> | \$ | 0.00 | \$ | |
| | Net monthly income from rental or other real property | Φ' | | - CPJ .1010 -> | Ψ | 0.00 | * | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

0.00

page 1

Best Case Bankruptcy

7. Interest, dividends, and royalties

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | oouse | |
|------|--|--|------------|-------------------|-------------|-----------------------------------|----------|----------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | t received was a benef | it under | | | | | |
| | For you \$ For your spouse \$ | 0. | 00 | | | | | |
| | For your spouse \$ | | | | | | | |
| | Pension or retirement income. Do not include any ambenefit under the Social Security Act. | | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or paymen manity, or international | ts or | | | | | |
| | · | | | \$ | 0.00 | \$ | | |
| | Table and the form and the form | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column | nes 2 through 10 for tal for Column B. | \$ | 2,635.77 | + \$ | | = \$ | 2,635.77 |
| | | | | | | | | urrent monthly |
| Part | Determine Whether the Means Test Applies to | o You | | | | | income | • |
| 12. | Calculate your current monthly income for the year. | . Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 1 | 11 | | Сору | line 11 h | ere=> | \$ | 2,635.77 |
| | Multiply by 12 (the number of months in a year) | | | | | | | 0 |
| | | , | | | | 4.01 | x 1 | 2 31,629.24 |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b. | \$ | 01,029.24 |
| 13. | Calculate the median family income that applies to | you. Follow these step | os: | | | | | |
| | Fill in the state in which you live. | ОН | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | |
| | Fill in the median family income for your state and size | | | | | 13. | \$5 | 57,216.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | pecified i | in the separa | te instruct | ions | | |
| 14. | How do the lines compare? | | | | | | | |
| | Line 12b is less than or equal to line 13. OGo to Part 3. | n the top of page 1, ch | eck box | 1, There is n | o presum | otion of abuse | | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2, | The pre | esumption of | abuse is d | determined by | Form 12 | 2A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information or | n this sta | tement and i | n any atta | chments is tru | e and co | orrect. |
| | X /s/ Eric A Osretkar | | | | | | | |
| | Eric A Osretkar Signature of Debtor 1 | | | | | | | |
| | Date December 15, 2016 | | | | | | | |
| | MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Forn | n 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and fi | ile it with this form. | | | | | | |

Official Form 122A-1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In r | Eric A Osretkar | on District of Onio | Case No | | |
|--|--|---|----------------------|----------------------|-----------------|
| In re | Elic A Osietrai | Debtor(s) | Chapter | · | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | | | | 1,200.00 | |
| | Prior to the filing of this statement I have received | | \$ | 1,200.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensat | ion with any other person | unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | | | | law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to render | legal service for all aspec | ts of the bankruptcy | y case, including: | |
| | a. Analysis of the debtor's financial situation, and rendering a b. Preparation and filing of any petition, schedules, statemen c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] | t of affairs and plan which | n may be required; | - | nkruptcy; |
| 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Motion to Redeem Motion to Avoid Lien(s) Adversary Proceedings | | | | | |
| | CI | ERTIFICATION | | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. | | | | | |
| | December 15, 2016 | /s/ T. Jeffrey Tun | | | |
| L | Date (| T. Jeffrey Tumlin Signature of Attorne | | | |
| Amourgis & Associates | | | | | |
| 3200 W. Market Street, Suite 106 | | | | | |
| Akron, OH 44333 330-535-6650 Fax: 330-535-2205 | | | | | |
| | bk_department@amourgis.com | | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Eric A Osretkar | | Case No. | | | | | |
|--|-------------------|---------------------|----------|---|--|--|--|--|
| | | Debtor(s) | Chapter | 7 | | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | | | |
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. | | | | | | | | |
| Date: | December 15, 2016 | /s/ Eric A Osretkar | | | | | | |
| | | Eric A Osretkar | | | | | | |
| | | Signature of Debtor | | | | | | |

Allen's Parma Towing 5109 Pearl Road Cleveland, OH 44129

Autovest, LLC 26261 Evergreen Rd, Suite 390 Southfield, MI 48076

Capital recovery systems 750 Cross Pointe Road, Suite S Columbus, OH 43230

Carson Smithfield, LLC P.O. Box 9216 Old Bethpage, NY 11804

City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114

Cox Communications P.O. Box 9001817 Louisville, KY 40290

DriveTime Credit Co Attention: Bankruptcy 4020 E Indian School Rd Phoenix, AZ 85018

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Eric J. Moore Company 183 W. Aurora Road Northfield, OH 44067

First Investors Financial Services Attn: Bankruptcy 380 Interstate N Pwy Ste 300 Atlanya, GA 30339

Global Trust Management, LLC P.O. Box 4115 Concord, CA 94524

Halsted Financial Services, LLC P.O. Box 828 Skokie, IL 60076

Household Realty Corp 6865 Pearl Road Middleburg Heights, OH 44130

IC System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

Illuminating Company P.O. Box 3687 Akron, OH 44309

LJ Ross Associates P.O. Box 6099 Jackson, MI 49204

Merrick Bank/Geico Card Po Box 23356 Pittsburg, PA 15222

Northeast Ohio Regional Sewer Distr P.O. Box 94550 Cleveland, OH 44101

Ohio Attorney General Collections Enforcement Section 150 E. Gay Street Columbus, OH 43215

Rivers Edge Investment Company, Inc 17419 Broadway Ave. Maple Heights, OH 44137

Rivr Edg Inv 17419 Broadway Ave Maple Heights, OH 44137

Signature Health, Inc P.O. Box 781607 Detroit, MI 48278 Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Treasurer of Cuyahoga COunty 2079 East 9th Street Cleveland, OH 44115

Whipple Law, P.A. 233 Mount Airy Road 1st Floor 523 North Tryon Street, Suite 1600 Charlotte, NC 28202